



Missouri Ethics Commission  
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C121038

1. DATE OF REPORT  3/26/2012	OFFICE USE ONLY
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE NEIGHBORS FOR MICHAEL TRAPP	
3. COMMITTEE MAILING ADDRESS 10 LESLIE LANE CITY / STATE / ZIP COLUMBIA MO 65202	4. COMMITTEE TELEPHONE NUMBER  (573) 256-0174
5. TREASURER'S NAME LISA GROSHONG	
6. TREASURER'S MAILING ADDRESS 1201 SUNSET LANE CITY / STATE / ZIP COLUMBIA MO 65203	7. TREASURER'S TELEPHONE NUMBER HOME: (573) 442-2227 WORK: (573) 442-2227
8. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER VICKI HOBBS	
9. DEPUTY TREASURER'S MAILING ADDRESS 4001 SOUTH COATS LANE COLUMBIA MO 65203 CITY / STATE / ZIP	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: (573) 445-4940 WORK: (573) 445-4940
11. DATE OF ELECTION 4/3/2012	12. TYPE OF ELECTION ( CHECK ONE ) <input type="radio"/> PRIMARY <input checked="" type="radio"/> GENERAL <input type="radio"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM 2/19/2012 THROUGH 3/22/2012	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY  MICHAEL TRAPP 10 LESLIE LANE  COLUMBIA M O 65202  (573) 256-0174  COUNCIL PERSON  CITY OF COLUMBIA  <input type="checkbox"/> CHECK IF INCUMBENT  <input type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input checked="" type="checkbox"/> NON-PARTISAN	15. TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input checked="" type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL, JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____, 20____
16. COMMITTEE TREASURER'S SIGNATURE  I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.  ELECTRONICALLY FILED Mar 26 2012 4:08PM TREASURER'S SIGNATURE	17. CANDIDATE'S SIGNATURE ( CANDIDATE COMMITTEES ONLY )  I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.  ELECTRONICALLY FILED Mar 26 2012 4:08PM CANDIDATE'S SIGNATURE



# Missouri Ethics Commission

## REPORT SUMMARY

Instructions on Reverse Side

Name of Committee	Date of Report	Office Use Only
NEIGHBORS FOR MICHAEL TRAPP	3/26/2012	

Receipts		A. This Period	B. This Calendar Yr or Election Cycle	Statement of Beginning and Ending Financial Condition	
1. Total Receipts For This Election Previously Reported			\$ 2,250.37		
2. All Monetary Contributions Received This Period		\$ 4,435.00			
3. All Loans Received This Period		+ 0.00			
4. Miscellaneous Receipts This Period		+ 0.00			
5. <b>Subtotal</b> Monetary Receipts This Period (Sum 2A + 3A + 4A)		\$ 4,435.00			
6. In-kind Contributions Received This Period		+ 0.00			
7. <b>Total</b> All Receipts This Period (Sum 5A + 6A)		\$ 4,435.00			
8. <b>Total All Receipts This Election</b> (Sum 1B + 7A)			\$ 6,685.37		
<b>Expenditures</b>		A. This Period	B. This Calendar Yr or Election Cycle		
9. Total Expenditures for this election previously reported			\$ 260.40		
10. Expenditures made by cash or check this period		\$ 1,561.85			
11. In-Kind Expenditures made this period		+ 0.00			
12. Expenditures incurred this period (not including loans) including payments made by credit card (line 17 CD3)		+ 2,919.12			
13. <b>Total</b> All expenditures made this period (Sum 10A + 11A + 12A) Including payments made by Credit Card (line 17 CD3)		\$ 4,480.97			
14. <b>Total Expenditures This Election</b> (Sum 9B + 13A)			\$ 4,741.37		
<b>Contributions Made</b>		A. This Period	B. This Calendar Yr or Election Cycle		
15. Total Contributions Made For This Election Previously Reported			\$ 0.00		
16. All Contributions Made This Period (25A or 25B of CD3)	A	0.00	↔ Cash/Check		
	B	0.00	↔ Credit Card		
17. All In-Kind Contributions Made This Period		+ 0.00			
18. <b>Total</b> Contributions Made This Period (Sum 16A + 17A)		\$ 0.00			
19. <b>Total All Contributions Made This Election</b> (Sum 15B + 18A)			\$ 0.00		
<b>Other Disbursements</b>		A. This Period	B. This Calendar Yr or Election Cycle		
20. Funds Used For Paying Loans This Period Including Credit Card Payments		+ 0.00			
21. Payments This Period on Prev Reported Expend Incurred (Paid by Cash/Check Only)		+ 200.36			
22. Any Miscellaneous Disbursement Not Reported Elsewhere		+ 0.00			
23. <b>Total Other Disbursements This Period</b> (Sum 20A + 21A + 22A)		\$ 200.36			
				24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments)	\$ 2,244.25
				25. Monetary Receipts this Period (From Item 5 - this page)	+ 4,435.00
				26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23) a) Disbursements By Check \$ 1,762.21 b) Disbursements By Cash \$ 0.00	- 1,762.21
				27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 4,917.04
				<b>Indebtedness</b>	
				28. Outstanding Indebtedness at the beginning of this period	\$ 754.28
				29. Loans Received This Period	+ 0.00
				30. A. New Expenditures Incurred This Period (include payments by Credit Card (Line 17 CD3)	+ 2,919.12
				B. New Contributions Made by Credit Card (Line 25B CD3)	+ 0.00
				31. Payments Made on Loans This Period	- 0.00
				32. Debt Forgiven on Loans This Period	- 0.00
				33. Payments Made This Period on Expenditures Incurred in Previous Period (Paid by Cash/Check Only) (Line 21 this page)	- 200.36
				34. Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 + 30A + 30B - 31 - 32 - 33)	\$ 3,473.04



**MISSOURI ETHICS COMMISSION**  
**CONTRIBUTIONS AND LOANS RECEIVED**  
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE NEIGHBORS FOR MICHAEL TRAPP		2. REPORT DATE 3/26/2012	
A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)			
NAME: ADDRESS: CITY / STATE: View Supplemental Form(s) EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$  <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$  <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$  <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$  <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$  <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$  <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 0.00	
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$ 4,435.00	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 4,435.00	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>MONETARY</b> CONTRIBUTIONS		\$ 4,435.00	
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>IN-KIND</b> CONTRIBUTIONS		\$ 0.00	
B. NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED	
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM CD1A		\$ 0.00	
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ 0.00	
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ 0.00	
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$ 0.00	
C. LOANS RECEIVED			
15. NAME AND ADDRESS OF LENDER		16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)
NAME: ADDRESS: CITY / STATE:			\$
NAME: ADDRESS: CITY / STATE:			\$
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)		\$ 0.00	
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES		\$ 0.00	
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$ 0.00	
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$ 0.00	
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ 4,435.00	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ 4,435.00	



MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE NEIGHBORS FOR MICHAEL TRAPP	DATE 3/26/2012
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**INSTRUCTIONS**

**PURPOSE:** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: Jillian Borchard CITY / STATE: 12230 Greenspring OWINGS MILLS MD 21117 EMPLOYER: None <input type="checkbox"/> COMMITTEE:	2/19/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Carol and Don Blount CITY / STATE: 601 Westmount COLUMBIA MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	2/21/2012 ----- \$ 30.00	\$ 30.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mark Bohnert CITY / STATE: 2729 Ann 2F ST LOUIS MO 63104 EMPLOYER: Farmers Market -- Manager <input type="checkbox"/> COMMITTEE:	2/21/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ellen Dugger CITY / STATE: 1007 Cowan Dr COLUMBIA MO 65203 EMPLOYER: Family Counseling Center -- Finance Exec <input type="checkbox"/> COMMITTEE:	2/21/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Nancy Flournoy and Leonard Hearnese CITY / STATE: 3105 Trailside COLUMBIA MO 65203 EMPLOYER: Univ of MO -- Professor <input type="checkbox"/> COMMITTEE:	2/21/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jan Heumann CITY / STATE: 2406 Lynnwood COLUMBIA MO 65203 EMPLOYER: New Horizons -- Program Dir <input type="checkbox"/> COMMITTEE:	2/21/2012 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Christopher Long CITY / STATE: 33 E Broadway ste 200 COLUMBIA MO 65203 EMPLOYER: Re-Max -- Realtor <input type="checkbox"/> COMMITTEE:	2/21/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Bonnie Trickey CITY / STATE: 708 Silveton Ct COLUMBIA MO 65203 EMPLOYER: Resource Home Loans -- Vice-President <input type="checkbox"/> COMMITTEE:	2/21/2012 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS**

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE NEIGHBORS FOR MICHAEL TRAPP	DATE 3/26/2012
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**INSTRUCTIONS**

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<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: Allen and Betty Blueborn CITY/STATE: 4505 Melrose Columbia MO 65203 EMPLOYER: Univ of MO -- Professor <input type="checkbox"/> COMMITTEE:	2/24/2012 ----- \$ 75.00	\$ 75.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Elizabeth Peters CITY/STATE: 305 McNab Columbia MO 65201 EMPLOYER: Univ of MO -- Physician <input type="checkbox"/> COMMITTEE:	2/24/2012 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: United Working People of Mid-MO CITY/STATE: Box 471 EMPLOYER: Fulton MO 65251 <input checked="" type="checkbox"/> COMMITTEE:	2/24/2012 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Paige Harrison CITY/STATE: 1109 Canterbury Columbia MO 65203 EMPLOYER: Winston Harrison -- Office staff <input type="checkbox"/> COMMITTEE:	2/29/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Catherine Parke CITY/STATE: 413 Thilly Columbia MO 65203 EMPLOYER: Moberly Area Com College -- Professor <input type="checkbox"/> COMMITTEE:	3/2/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Eric Hempel CITY/STATE: 802 Independence Columbia MO 65203 EMPLOYER: Dept of Community Dev -- Housing Specialist <input type="checkbox"/> COMMITTEE:	3/4/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Helen Anthony CITY/STATE: 2804 Ashwood Columbia MO 65203 EMPLOYER: Not employed -- Attorney <input type="checkbox"/> COMMITTEE:	3/5/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Josh McCarroll CITY/STATE: 3801 Cooper Dr E #106 Columbia MO 65201 EMPLOYER: AFSCME -- Legis Director <input type="checkbox"/> COMMITTEE:	3/6/2012 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS**

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE NEIGHBORS FOR MICHAEL TRAPP	DATE 3/26/2012
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**INSTRUCTIONS**

**PURPOSE:** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: David W Anderson CITY / STATE: 1902 Jackson Columbia MO 65202 EMPLOYER: Gerbes -- Meatcutter <input type="checkbox"/> COMMITTEE:	3/7/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jack Clark CITY / STATE: 208 E Briarwood Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	3/7/2012 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: John G Clark CITY / STATE: 403 N Ninth Columbia MO 65201 EMPLOYER: Self-employed -- Attorney <input type="checkbox"/> COMMITTEE:	3/7/2012 ----- \$ 15.00	\$ 15.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ann Edwards CITY / STATE: 4021 Grace Ellen Columbia MO 65202 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	3/7/2012 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Scott Christianson and Ava Fajen CITY / STATE: 300 S Garth Columbia MO 65203 EMPLOYER: Self-employed -- Business Owner <input type="checkbox"/> COMMITTEE:	3/7/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: John Emery and Mary Hendrickson CITY / STATE: 13 Leslie Lane Columbia MO 65202 EMPLOYER: Univ of MO -- Professor <input type="checkbox"/> COMMITTEE:	3/7/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Wiley Miller CITY / STATE: 1911 Dartmouth Columbia MO 65203 EMPLOYER: MU -- Counselor <input type="checkbox"/> COMMITTEE:	3/7/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Brian Treece and Mary Phillips CITY / STATE: 101 W Brandon Columbia MO 65203 EMPLOYER: treece-philips -- self employed <input type="checkbox"/> COMMITTEE:	3/7/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS**

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE NEIGHBORS FOR MICHAEL TRAPP	DATE 3/26/2012
--	-------------------

**INSTRUCTIONS**

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: Sidley Sullivan CITY / STATE: 2980 Maple Bluff Columbia MO 65203 EMPLOYER: S/A Financial <input type="checkbox"/> COMMITTEE:	3/7/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Matt Tharp CITY / STATE: 3810 Hermitage Columbia MO 65201 EMPLOYER: MU -- student asst <input type="checkbox"/> COMMITTEE:	3/7/2012 ----- \$ 20.00	\$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Herb and Sue Tillema CITY / STATE: 306 Westridge Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	3/7/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kay Callison CITY / STATE: 600 Crestland Columbia MO 65023 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	3/9/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Aline and Jack Kultgen CITY / STATE: 1012 Hickory Hill Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	3/9/2012 ----- \$ 20.00	\$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Andrew Twaddle CITY / STATE: 919 Edgewood Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	3/9/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Henry Johnson CITY / STATE: 9 E Leslie Lane Columbia MO 65202 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	3/10/2012 ----- \$ 20.00	\$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ken Midkiff CITY / STATE: 1005 Belleview Ct Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	3/10/2012 ----- \$ 200.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS**

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)





# MISSOURI ETHICS COMMISSION

## CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE NEIGHBORS FOR MICHAEL TRAPP	DATE 3/26/2012
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### INSTRUCTIONS

**PURPOSE:** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Thomas R Smith CITY / STATE: 1409 Stonehaven Columbia MO 65203 EMPLOYER: Smith Investments -- owner <input type="checkbox"/> COMMITTEE:	3/10/2012 \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: David and Ann Mehr CITY / STATE: 714 Ingleside Columbia MO 65201 EMPLOYER: MU -- MD <input type="checkbox"/> COMMITTEE:	3/11/2012 \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Terry Smith CITY / STATE: 1712 Cliff Dr Columbia MO 65201 EMPLOYER: Columbia College -- Dean <input type="checkbox"/> COMMITTEE:	3/11/2012 \$ 40.00	\$ 40.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Bonnie Bourne CITY / STATE: 1503 University Ave Columbia MO 65201 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	3/13/2012 \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Harry Cooper Jr CITY / STATE: 500 Longfellow Ln Columbia MO 65203 EMPLOYER: Cimarron Capital Partners -- Portfolio Mgr <input type="checkbox"/> COMMITTEE:	3/13/2012 \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Lise Saffran CITY / STATE: 503 S Garth Columbia MO 65203 EMPLOYER: Univ of MO -- Administrator <input type="checkbox"/> COMMITTEE:	3/13/2012 \$ 125.00	\$ 125.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Sarah Smith CITY / STATE: 1619 University Ave Columbia Mo 65201 EMPLOYER: Phoenix Programs -- Outcomes Coordinator <input type="checkbox"/> COMMITTEE:	3/13/2012 \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Alyce Turner CITY / STATE: 1204 Fieldcrest Columbia MO 65203 EMPLOYER: State of MO -- Health <input type="checkbox"/> COMMITTEE:	3/13/2012 \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS**

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)





MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE NEIGHBORS FOR MICHAEL TRAPP	DATE 3/26/2012
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**INSTRUCTIONS**

**PURPOSE:** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: Heidi and Dennis Branaugh CITY / STATE: 6601 W Route K Columbia MO 65203 EMPLOYER: Boone Hospital Center -- RN <input type="checkbox"/> COMMITTEE:	3/15/2012 ----- \$ 30.00	\$ 30.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Herb and Sue Tillema CITY / STATE: 306 Westridge Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	3/15/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Patricia Fowler CITY / STATE: 606 N 6th Columbia MO 65201 EMPLOYER: MU <input type="checkbox"/> COMMITTEE:	3/16/2012 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Alvin Plummer CITY / STATE: 1901 E Northwood Columbia MO 65202 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	3/16/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Don and Marie Skrugs CITY / STATE: 1913 Vassar Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	3/16/2012 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Betty Wilson CITY / STATE: 1719 University Columbia MO 65201 EMPLOYER: Self-employed -- Attorney <input type="checkbox"/> COMMITTEE:	3/17/2012 ----- \$ 100.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Karl Kruse CITY / STATE: 2409 Lynnwood Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	3/17/2012 ----- \$ 100.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Allen Tacker CITY / STATE: 1708 Princeton Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	3/17/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS**

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE NEIGHBORS FOR MICHAEL TRAPP	DATE 3/26/2012
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**INSTRUCTIONS**

**PURPOSE:** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: Katherine Siebenaller and Khristopher Lieber CITY / STATE: 191 Jewell EMPLOYER: Ferndale MI 48220 Coordinator -- Oakland Co MI <input type="checkbox"/> COMMITTEE:	3/17/2012 ----- \$ 10.00	\$ 10.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Rebecca Burns CITY / STATE: 34016 Edmonton EMPLOYER: Farmington Hills MI 48335 Retired <input type="checkbox"/> COMMITTEE:	3/17/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Deborah Beste CITY / STATE: 3813 Dublin Columbia MO 65203 EMPLOYER: Phoenix Programs -- Exec Dir <input type="checkbox"/> COMMITTEE:	3/20/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mary Lehmann CITY / STATE: 2601 S Providence Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	3/20/2012 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Scott Atkins CITY / STATE: 3909 Daylilly Columbia MO 65202 EMPLOYER: Atkins Construction -- Owner <input type="checkbox"/> COMMITTEE:	3/21/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: William Roy and Donna Dudark CITY / STATE: 3709 Falmouth Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	3/22/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS**

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



**MISSOURI ETHICS COMMISSION**  
**EXPENDITURES AND CONTRIBUTIONS MADE**  
 Instructions on Reverse Side

Office Use Only

1. Name of Committee NEIGHBORS FOR MICHAEL TRAPP		2. Report Date 3/26/2012	
<b>A. Expenditures of \$100 or Less by Category</b> (List Payments to Campaign Workers in Section B Below)			4. Amount Paid or Incurred This Period
3. Category of Expenditure View Supplemental Form(s)			
5. Subtotal: Non-Itemized Expenditures This Page (Sum Column 4)			\$ 0.00
6. Subtotal: Non-Itemized Expenditures Any Attached Pages			+ 203.50
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)			\$ 203.50
<b>B. Itemized Expenditures All Over \$100</b> <b>And All Payments To Campaign Workers</b>		9. Date	10. Purpose - (If Payment was to a Campaign Worker, Show Aggregate Paid)
8. Name and Address of Recipient			11. Amount This Period
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
12. Subtotal: This Page ( Sum Column 11)			\$ 0.00
13. Subtotal: Any Attached Pages			+ 4,277.47
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 4,277.47
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 4,480.97
16. Amount of Line 15 Above which was Paid Out This Period			\$ 1,561.85
17. Amount of Line 15 Which Were Expenditures Incurred This Period Including Payments Made by Credit Cards			\$ 2,919.12
18. If Committee Made Any In-Kind Expenditures This Period, List Amount			\$ 0.00
19. Funds Used For Paying Loans/Credit Cards This Period (Attach Form CD1B - amount goes to Line 5 / Part II)			\$ 0.00
<b>C. Contributions Made (Regardless of Amount)</b>		21. Date	22. Amount
20. Name and Address of Candidate or Committee			
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
23. Subtotal: This Page (Sum Column 22)			\$ 0.00
24. Subtotal: Any Attached Pages			\$ 0.00
25. Total: Monetary Contributions Made This Period		A. By Cash / Check	\$ 0.00
		B. By Credit Card	\$ 0.00
26. If Committee Made Any Loans This Period, List Amount			\$
27. Total: All Monetary Contributions and Loans Made This Period (Sum 25 + 26)			\$ 0.00
28. Total: In-Kind Contributions Made This Period, List Amount			\$ 0.00



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2FORM CD 3 SUP A



**MISSOURI ETHICS COMMISSION**  
**ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM**

OFFICE USE ONLY

NAME OF COMMITTEE NEIGHBORS FOR MICHAEL TRAPP		REPORT DATE 3/26/2012	
<b>ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS</b>			
NAME AND ADDRESS OF RECIPIENT	DATE	PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	AMOUNT THIS PERIOD
NAME: Hotcards ADDRESS: 1600 East 23rd St CITY/STATE: Cleveland OH 44114	2/21/2012	Printing \$	\$ 232.49 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Inovar Pkging Group ADDRESS: 602 Magic Mile CITY/STATE: Arlington TX 76011	2/23/2012	Yard Signs \$	\$ 476.94 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Midwest Mailing ADDRESS: PO Box 723 CITY/STATE: Columbia MO 65205	3/4/2012	Mailing \$ 0.00	\$ 510.34 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Hotcards ADDRESS: 1600 East 23rd St CITY/STATE: Cleveland OH 44114	3/6/2012	Printing \$	\$ 232.49 <input type="checkbox"/> PAID <input checked="" type="checkbox"/> INCURRED
NAME: Office Depot ADDRESS: 101 S Providence Rd CITY/STATE: Columbia MO 65203	3/10/2012	Copies \$	\$ 128.82 <input type="checkbox"/> PAID <input checked="" type="checkbox"/> INCURRED
NAME: Midwest Mailing ADDRESS: PO Box 723 CITY/STATE: Columbia MO 65205	3/12/2012	Mailing \$ 0.00	\$ 447.18 <input type="checkbox"/> PAID <input checked="" type="checkbox"/> INCURRED
NAME: Columbia Daily Tribune ADDRESS: PO Box 798 CITY/STATE: Columbia MO 65205	3/12/2012	Advertising \$ 0.00	\$ 937.60 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Hotcards ADDRESS: 1600 East 23rd St CITY/STATE: Cleveland OH 44114	3/20/2012	Printing \$ 0.00	\$ 349.11 <input type="checkbox"/> PAID <input checked="" type="checkbox"/> INCURRED
NAME: KOMU ADDRESS: 5550 Hwy 63 S CITY/STATE: Columbia MO 65201	3/22/2012	Web ad \$ 0.00	\$ 212.50 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Progressive Political Partners LLC ADDRESS: 4001 S Coats Ln CITY/STATE: Columbia MO 65203	3/22/2012	Strategic Planning & Mgmt \$	\$ 750.00 <input type="checkbox"/> PAID <input checked="" type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
<b>TOTAL: ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS</b> (CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)			\$ --



Missouri Ethics Commission  
**ADDENDUM STATEMENT**

M.E.C. ID NO. C121038

INSTRUCTIONS ON REVERSE SIDE

PURPOSE: Form Addendum should be used for explanation of any additional information needed to complete an accurate filing of this report.

Debt Payment:

Copies

Amount: 170.37

Debt Payment:

Office supplies

Amount: 14.99

Debt Payment:

Website domain

Amount: 15.00